CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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The Control of Syphilis

By WALTER M. DICKIE, M.D., Director, California State Department of Public Health

There is no knowledge relative to when or where syphilis originated. In the history of communicable diseases, as compared with leprosy, smallpox, tuberculosis, malaria and plague, syphilis is a new disease. Without doubt, it existed before the fifteenth century, but there is no exact record for the period prior to 1493, when the disease became recognized. It is said that syphilis was brought to Europe by the crew of Columbus on his first voyage from the new world. Other historians claim that the disease was present in Europe long before that time. At all events, syphilis became epidemic in Italy following the entrance of Charles VIII of France, who invaded Italy for the conquest of Naples in 1494. The disease spread over Europe upon the scattering of the troops. The French called it the "Italian disease" and the Italians called it the "French disease." Following this European flareup, syphilis spread to all parts of the civilized world and is, at present, almost everywhere. There seems to be no evidence that the disease is of American origin. It is more probable that it originated in Asia, where most of the important epidemic disease had their source. Recent investigations into Chinese literature would seem to support this theory and the antiquity of the Chinese civilization may be considered as a factor in providing further support.

Syphilis is a disease of civilization and flourishes particularly in communities where there is a massing of individuals. Under such conditions, the opportunities for its spread are very much greater. It depends more upon faulty social conditions than almost any other communicable disease. While prostitution is a tremendous factor in spreading the infection, a very large number of cases are contracted outside of prostitution. It causes more mental and physical suffering than any other known disease. It is preventable and at the present time may be considered as curable. Yet it is doubtful that any other disease can compare with it in the intensity and severity of its onslaughts. Its control is greatly hampered by the attitude of the general public which too often attaches a social stigma to it. Syphilis should be regarded the same as any other infectious disease. The mere fact that it is often venereal in its origin should not hamper its control. Gradually, the old idea that it is a punishment for sin is becoming dispelled and, fortunately, a new trend of public opinion can be observed. This has to do with enlightenment and the spreading of knowledge relative to the cause, effects, prevention and treatment, all of which must be closely bound together in any program for the control of the disease.

Prevalence

While syphilis is a reportable disease, it must be admitted that not all cases are reported. Because of the false attitude of the public, physicians are inclined to disregard the reporting of cases that may appear in their practices. The incidence of the disease can be estimated but the divergence in the estimates is very wide. According to recent figures issued by the United States Public Health Service, there are more than 500,000 new cases of syphilis in the United States annually and nearly 700,000 individuals are constantly under treatment or observation. In California, 64,000 cases have been reported in the last six years. There were 12,000 cases reported in the State during 1935. Most of these cases are in individuals from 25 to 44 years of age, although a considerable number of cases are reported in individuals who are more than 45 years old. It must be understood that these statistics are based largely upon cases that are reported in clinics where patients come for treatment and that the original infection may have been contracted many years before and the cases are not reported until the beginning of treatment. The increased numbers of cases that have been reported during recent years is due very largely to the provision of more extensive facilities for diagnosis and treatment in clinics. Last year, 1732 cases were reported in individuals between 20 and 24 years of age and 500 cases occurred in those between the ages of 15 and 19 years.

Great advances have been made recently in diagnosis as well as in treatment of syphilis. It is possible to determine the presence of the organism in the lesion at the site of the infection. By this method, treatment may be started early, without waiting for the blood test from which a reaction may not be obtained for weeks or months following the contraction of the infection. The incubation period for syphilis is longer than that of most of the acute infectious diseases and throughout its entire course this disease progresses slowly and insidiously.

There are commonly three stages in the course of the disease. The second stage may be characterized by a wide variety of symptoms. There may be dull aching pains in the limbs, headache, skin eruptions, sore throat and other mild manifestations. Sometimes they are so mild as to escape notice.

The third stage presents all manner of symptoms and leads to the designation of syphilis as "the great imitator." It generally begins four years after the original infection. The heart, blood vessels and central nervous system are commonly affected but no organ of the body may escape the disastrous effects. Cases that develop into this stage cause the greatest tragedies of domestic life. It is to prevent the development of syphilis into this stage that our efforts must be directed.

The actual syphilis death rate is unknown for the reason that most physicians are not inclined to report it as a cause of death. In addition, the presence of other diseases may cover the presence of syphilis. It may attack different organs of the body and produce symptoms that are so similar to those produced by other diseases that it is only natural that its presence might not be recognized, except through intensive investigation. It is a primary cause of death in all cases of paresis, locomotor ataxia, and certain forms of heart disease. It is often a cause of apoplexy and is very frequently associated as a cause of death in cases of pulmonary tuberculosis. While relatively few deaths are ascribed to syphilis, there can be no question that this disease is actually the killer in a very large proportion of fatal cases which are ascribed to general causes of death.

During recent years, tremendous advances have been made in the treatment of syphilis. If all cases were to be brought under medical attention during the early stages there is every reason to believe that the disease could be completely eradicated within a single generation. In Sweden, Norway and Denmark, this Utopia has actually been reached. The practical elimination of syphilis from these three kingdoms is phenomenal. The results that have been achieved are due not alone to the provision of machinery for its prevention and treatment but also to the complete willingness of the people of these countries to submit to the drastic regulations for control that have been set up by the health departments of these Scandinavian countries. Failure to report for treatment in Sweden, Norway and Denmark is virtually a criminal offense. In the United States and even in England, one of the great deterrent factors in the control of syphilis lies in the common custom of patients who fail to report for treatment while still in the infective stage. We have no laws that make treatment mandatory. Unquestionably, the success achieved in the Scandinavian countries is due to the adoption of mandatory regulations and their strict enforcement.

Any program for the control of syphilis depends upon three main factors:

(1) Law enforcement with particular reference to prostitution;

(2) The provision of adequate facilities for treatment; and

(3) The development of support through the education of the general public.

It must be recognized that social conditions within the individual community determine the nature of the program that may be required. Commercial prostitution flourishes in some communities, while in others it is entirely absent. No program can be based upon a universal pattern which would not, of necessity, apply to every community. The provision of adequate facilities for treatment is, perhaps, the most important factor of all excepting the education of the public in methods of prevention and control. If every individual understood the insidious nature of syphilis and realized the extreme seriousness of the results that may follow unless its course is arrested, great progress could be made toward reducing the prevalence of the disease. Unfortunately, too few individuals are aware of the nature of syphilis, its wide variety of symptoms, its development into characteristic stages, and the extreme penalties that are exacted in end results.

Many agencies fail to recognize that, together with heredity and alcohol, syphilis fills the insane asylums, jails and almshouses. A very considerable proportion of first admissions to the hospitals for the insane are due to syphilis. Nearly ten per cent of all first admissions to State hospitals in 1930 were cases of general paralysis of the insane and one-fifth of these were cases of cerebral syphilis.

Consideration must also be given to congenital syphilis. Very often the results of this disease are more severe upon the child than they are upon the parent. If the syphilitic child does not die, the results that follow may be far worse than death itself. In infant mortality statistics, for certain foreign-born races, syphilis plays a major role in the death of infants during the first month of life.

Public health authorities everywhere are giving recognition to the importance that must be attached to the control of this disease. While it does not have the spectacular features of smallpox, plague and infantile paralysis, the damage that it exacts is mountainous as compared to these epidemic diseases. It runs a slow and often chronic course, but nevertheless it follows natural lines and is subject to regulatory control, the same as smallpox, diphtheria and other preventable diseases.

An active health officer can very often trace sources of cases and induce infected individuals to come under treatment. Such an attitude, under present conditions, with increased facilities for hospitalization and proper treatment can be productive of worthwhile results. Of very great importance, however, is the attitude of the general public. Reliable information relative to the prevalence of syphilis is needed in almost every class of society, but particularly among those who are more likely to contract the disease. The patient should be treated in the same humane manner that a sufferer from any communicable disease is treated. The general interests of the community require that proper care and treatment be provided for all such infected individuals.

Fortunately, we have passed the state when the cry "Unclean! Unclean!" was heard at sight of the leper and no longer are infectious diseases regarded as supernatural visitations or as punishment for sin. Under present social conditions, with our high educational standards, together with the development of a spirit of tolerance, it would seem that great advances are about to be made in the control of this important and devastating disease. With the support of the general public and the full cooperation of the medical profession and health officers, it is possible to eliminate syphilis from the plagues that beset mankind.

Men influence the conduct of others chiefly through personal association and intercourse. There is such a preponderance of good in human nature that association with men ordinarily begets a liking for them. As men come to know each other, each comes to receive from the others the respect and confidence to which he is entitled; his character and his opinions insensibly acquire their due weight and influence. It is not the stranger who says, "Go there," or "Do that," who is obeyed, but it is the old acquaintance who says, "Come with me," or "Let us do thus and so," who is followed.—Elihu Root.

Depressions would not come like locusts to vex us if the persons elected to public office were adequately trained in the science and art of government. Jefferson and Hamilton knew the principles underlying their age of agriculture, craft, and small trade. Our complex times can be coped with only by those who command such subjects as economics, law, social and political theory, biology, and logic. A career of the highest merit is now opening to those who have resolved to prepare themselves for governmental service, doing it with such thoroughness as is found among those entering the medical profession. What the country needs above all is voters and office-holders who reason from ascertained premises rather than let themselves be carried to conclusions by fear, favor, or pressure.

—Leon J. Richardson

MORBIDITY

Complete Reports for Following Diseases for Week Ending March 6, 1937

Chickenpox

1118 cases: Alameda 8, Berkeley 20, Oakland 23, Piedmont 1, Butte County 2, Contra Costa County 2, Fresno County 24, Fresno 16, Reedley 3, Willows 1, El Centro 3, Imperial 9, Kern County 14, Bakersfield 11, Kings County 2, Lassen County 1, Los Angeles County 49, Alhambra 5, Burbank 3, Claremont 6, Compton 2, Culver City 1, Glendale 6, Huntington Park 4, Inglewood 3, Long Beach 30, Los Angeles 203, Pasadena 16, Pomona 3, Redondo 4, San Fernando 4, San Gabriel 1, San Marino 3, Santa Monica 6, Sierra Madre 1, South Pasadena 1, Torrance 1, Lynwood 5, Hawthorne 5, South Gate 10, Madera 1, Larkspur 1, San Rafael 4, Mendocino County 2, Gustine 1, Monterey County 4, Carmel 10, Salinas 2, Napa County 1, Napa 2, Grass Valley 2, Nevada City 1, Orange County 16, Anaheim 1, Fullerton 12, Orange 4, Santa Ana 16, Riverside County 18, Corona 5, Riverside 10, Sacramento County 3, Sacramento 58, Ontario 4, Redlands 9, San Bernardino 34, San Diego County 51, Escondido 2, La Mesa 3, National City 6, Oceanside 8, San Diego 50, San Francisco 120, San Joaquin County 5, Stockton 6, Tracy 1, San Mateo County 9, Burlingame 1, Santa Barbara County 1, Santa Barbara 15, Santa Clara County 17, Gilroy 10, Mountain View 2, Palo Alto 2, San Jose 10, Sunnyvale 1, Santa Cruz County 2, Santa Cruz 4, Watsonville 1, Sierra County 1, Stanislaus County 3, Modesto 3, Yuba City 1, Tehama County 1, Tulare County 17, Lindsay 3, Ventura County 13, Yolo County 1, Yuba County 15.

Diphtheria

18 cases: Contra Costa County 1, Pittsburg 1, Calexico 1, Bakersfield 1, Los Angeles County 1, Los Angeles 3, Sacramento 5, San Diego 1, San Francisco 3, Stockton 1.

German Measles

27 cases: Berkeley 3, Pittsburg 8, Humboldt County 1, Los Angeles County 1, Long Beach 3, Los Angeles 3, Sacramento 2, National City 1, San Diego 1, San Francisco 2, Palo Alto 2.

Influenza

1809 cases: Berkeley 6, Oakland 2, San Leandro 1, Richmond 141, Fresno County 48, Fresno 18, Reedley 286, Willows 11, Humboldt County 1, Kern County 219, Kings County 41, Hanford 8, Los Angeles County 75, Compton 7, El Monte 5, El Segundo 4, Glendale 1, Inglewood 1, La Verne 17, Long Beach 4, Los Angeles 107, Manhattan 1, Pasadena 2, Pomona 8, Santa Monica 3, South Gate 4, Monterey Park 1, Maywood 2, Bell 1, Gardena 1, Madera County 8, Madera 16, Carmel 2, Monterey 1, Nevada City 28, Orange County 8, Santa Ana 1, Placer County 25, Auburn 63, Riverside County 3, Riverside 1, Sacramento 47, Hollister 17, San Bernardino County 1, San Bernardino 2, San Diego County 48, San Diego 1, San Francisco 171, San Joaquin County 11, Lodi 1, Stockton 4, San Mateo County 1, Santa Clara County 20, Sunnyvale 1, Santa Cruz County 20, Santa Cruz 1, Watsonville 4, Solano County 1, Stanislaus County 12, Modesto 31, Patterson 42, Tehama County 4, Sonora 1, Ventura County 44, Santa Paula 130, Ventura 1, Yolo County 11.

Malaria

One case: Los Angeles.

Measles

100 cases: Oakland 2, Butte County 1, Martinez 1, Pittsburg 3, El Centro 1, Holtville 1, Los Angeles County 10, Burbank 1, Glendale 7, Hermosa 1, Long Beach 10, Los Angeles 31, San Fernando 2, Grass Valley 5, Nevada City 11, Santa Ana 1, Corona 3, Riverside 1, Sacramento 1, San Diego 2, Daly City 1, Yuba County 4.

Mumps

784 cases: Alameda 9, Berkeley 36, Emeryville 2, Oakland 13, Contra Costa County 1, El Cerrito 3, Pinole 1, Pittsburg 15, Fresno County 14, Fresno 1, Reedley 4, Willows 7, Humboldt County 1, Imperial County 3, El Centro 6, Imperial 2, Kern County 18, Bakersfield 1, Kings County 5, Hanford 29, Los Angeles County 55, Alhambra 2, Beverly Hills 2, Burbank 3, Compton 3, El Segundo 1, Glendale 12, Hermosa 2, Huntington Park 5, Long Beach 4, Los Angeles 42, Pasadena 5, Pomona 4, Redondo 13, Santa Monica 3, Lynwood 2, Hawthorne 6, South Gate 8, Madera County 13, Madera 1, Monterey County 5, Monterey 1, Orange County 16, Fullerton 13, Orange 2, Santa Ana 38, Placentia 1, Tustin 3, Lincoln 5, Riverside County 10, Hemet 3, Riverside 35, Sacramento County 3, Sacramento 4, San Bernardino County 1, San Bernardino 37, Upland 1, San Diego County 7, Coronado 1, El Cajon 5, Escondido 3, National City 6, Oceanside 1, San Diego 64, San Francisco 81, San Luis Obispo County 1, San Mateo County 1, Burlingame 4, Daly City 5, Santa Barbara 5, Santa Clara County 7, Mountain View 1, Palo Alto 2, San Jose 5, Stanislaus County 5, Tulare County 2, Ventura County 14, Santa Paula 1, Ventura 3, Yolo County 1, Woodland 3, Yuba County 21.

Pneumonia (Lobar)

164 cases: Oakland 1, Colusa 1, Fresno County 1, Fresno 2, Humboldt County 3, Kern County 1, Los Angeles County 16, Alhambra 2, Arcadia 1, Azusa 1, Glendale 3, La Verne 1, Long Beach 6, Los Angeles 86, Monrovia 1, Montebello 4, Redondo 1, Hawthorne 1, Maywood 2, Mendocino County 1, Riverside 1, Sacramento 4, San Diego 2, San Francisco 2, San Joaquin County 9, Lodi 1, Stockton 5, Tracy 1, Paso Robles 1, Burlingame 1, Palo Alto 1, Stanislaus County 1.

Scarlet Fever

284 cases: Berkeley 9, Oakland 6, Butte County 1, Chico 2, Colusa 1, Contra Costa County 2, El Cerrito 1, Martinez 2, Fresno County 11, Fresno 2, Humboldt County 3, Imperial County 1, Kern County 10, Los Angeles County 19, Culver City 1, El Segundo 2, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 3, Los Angeles 32, Monrovia 1, Montebello 2, Pasadena 5, Pomona 1, Santa Monica 1, Torrance 1, Monterey Park 1, Madera County 3, Mariposa County 3, Ukiah 6, Monterey County 1, Salinas 1, Napa County 2, Napa 5, Orange County 9, Fullerton 1, Orange 2, Placer County 2, Auburn 11, Lincoln 1, Riverside County 5, Riverside 1, Sacramento County 9, Sacramento 10, San Bernardino County 2, Redlands 2, San Bernardino 3, Upland 1, San Diego County 2, Escondido 1, San Diego 2, San Francisco 20, San Joaquin County 8, Stockton 4, Paso Robles 5, Burlingame 1, Redwood City 1, San Mateo 1, Santa Barbara County 2, Palo Alto 3, San Jose 3, Santa Clara 1, Santa Cruz County 1, Santa Cruz 1, Redding 1, Sierra County 1, Vallejo 1, Modesto 3, Tehama County 1, Tulare County 9, Lindsay 1, Tulare 3, Ventura 1, Yolo County 3.

Smallpox

22 cases: Los Angeles County 9, Burbank 3, Pasadena 2, Los Angeles 2, Riverside County 3, Siskiyou County 3.

Typhoid Fever

7 cases: Mendocino County 1, Santa Cruz County 6.

Whooping Cough

399 cases: Alameda County 12, Alameda 5, Berkeley 2, Oakland 3, Martinez 1, Fresno County 14, Fresno 11, Glenn County 2, Willows 14, El Centro 3, Kern County 8, Kings County 9, Hanford 14, Lassen County 1, Los Angeles County 33, Alhambra 5, Burbank 1, Claremont 1, Culver City 3, Glendale 2, Hermosa 1, Huntington Park 2, Inglewood 4, Long Beach 1, Los Angeles 67, Manhattan 4, Pasadena 6, Pomona 2, Redondo 3, Santa Monica 1, South Pasadena 3, South Gate 7, Madera County 1, Madera 2, Merced 1, Orange County 14, Fullerton 4, Newport Beach 2, Orange 4, Tustin 1, Placer County 1, Auburn 8, Riverside County 2, Corona 3, Hemet 4, Sacramento 10, San Bernardino County 2, San Bernardino 4, Upland 1, San Diego County 4, San Diego 15, San Francisco 13, Lodi 3, Daly City 5, Santa Barbara County 5, Santa Barbara 1, Santa Maria 6, Santa Clara County 1, Palo Alto 2, Santa Cruz 2, Sutter County 3, Yuba City 1, Red Bluff 1, Tulare County 8, Lindsay 3, Ventura County 9, Oxnard 1, Ventura 1, Woodland 2, Yuba County 3, Marysville 1.

Meningitis (Epidemic)

9 cases: Oakland 1, El Cerrito 1, Fresno County 1, Los Angeles 1, Monrovia 1, Santa Monica 1, Riverside County 1, San Francisco 2.

Dysentery (Amoebic)

3 cases: Long Beach 1, Laguna Beach 1, California 1.[*]

Dysentery (Bacillary)

3 cases: Los Angeles County 1, Los Angeles 2.

Pellagra

3 cases: Los Angeles 2, Redwood City 1.

Poliomyelitis

3 cases: Los Angeles 1, Sacramento 2.

Tetanus

One case: San Bernardino.

Trachoma

4 cases: Riverside County 2, Riverside 1, San Diego 1.

Paratyphoid Fever

One case: Santa Clara County.

Jaundice (Epidemic)

4 cases: Kern County.

Food Poisoning

18 cases: Oakland 2, Los Angeles 14, San Francisco 2.

Coccidioidal Granuloma

One case: Taft.

Septic Sore Throat (Epidemic)

4 cases: Nevada City 1, Lompoc 2, San Jose 1.

Rabies (Animal)

45 cases: Los Angeles County 15, El Segundo 1, Long Beach 3, Los Angeles 12, Montebello 1, Redondo 1, San Gabriel 1, San Marino 1, Torrance 1, Hawthorne 1, Monterey County 1, Anaheim 1, San Bernardino County 1, Redlands 1, Upland 2, Siskiyou County 2.

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[*] Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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